

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595952

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5		3					55						
6	1						56						
7		1					57						
8		1					58						
9		3					59						
10		3					60						
11	1						61						
12		1					62						
13		1					63						
14		3					64						
15		3					65						
16	1						66						
17		1					67						
18		1					68						
19		3					69						
20		3					70						
21		3					71						
22		3					72						
23	1						73						
24		1					74						
25		1					75						
26		3					76						
27		3					77						
28		3					78						
29		3					79						
30	1						80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6	↓	6	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	44	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	50		50				TOTAL CLAIMS						

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